



REGISTRATION FORM FOR MEANINGFUL USE: ELIGIBLE PROFESSIONALS

Complete and submit this form to the Vermont Department of Health via e-mail (AHS.VDHPHMeaningfulUse@vermont.gov) within 60 days of the start of your Meaningful Use reporting period.

Please note: VDH is not responsible for verifying the accuracy of information submitted on this form.

Section 1: Eligible Professional Information

For practices registering for multiple individual providers, provide **all** appropriate Provider Names and NPIs

Organizational Name: _____ Organizational NPI: _____

Individual Provider Name: _____ Individual Provider NPI: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Section 2: Meaningful Use Information

Submission of this form registers you for the immunizations public health measure only.

What is the start date of your Meaningful Use reporting period?

Month: _____ Day: _____ Year: _____

Section 3: Contact Information

Please provide the following information for the primary and secondary Meaningful Use contacts:

Name: _____ Position: _____

Phone Number: _____ E-mail: _____

Name: _____ Position: _____

Phone Number: _____ E-mail: _____

Questions? Please contact the Vermont Department of Health at:

AHS.VDHPHMeaningfulUse@vermont.gov